#### STEFANI



## INSTALLATION DIVISION COMPLETION REPORT

Pella Mid-Atlantic, Inc. 12100 Baltimore Avenue, Suite 1 Beltsville, MD 20705 301-957-7070

877-59-PELLA Installationdepartment@pellamidatlantic.com

MHIC136537 VA 2705170176

Customer Name: Address:  Phone Day: Night: Cell:		rder #: 717ZE3QXQ Crew: HESS elivery: ck-up: 7-10am
C.O.D. Payment Schedule:  Delivery Payment:  Completion Payment:  (Visa, Master Ca		Expires Auth#  AND FOR LONGLETION PAYMENT
Signatures required confirming was Customer	Crew Leader	Signature
List Any Deficiencies:	Specific Probles	m 0. lomplet
Customer Comments:		
Customer Signature:  Crew Leader Signaure:	(6)	Date: 3/22/2/



#### **Project Acceptance Form**

Customer: Install At:

Day phone: Cell phone: Email:

**Branch Name:** 

Beltsville Office Branch Address: 12100 Baltimore Ave Beltsville, MD 20705

**Branch Phone:** 

301-957-7000

**Sub-Contracted Installation Company:** 

Hess Construction Customer Event #: 17519532

Order Number: Installation Date: 717ZE3QXQ March 22,2021

**Install Duration:** 1 DAY Arrival Time: 08:00 am

Sales Consultant:

Haddon, Mr. Larry X

**Project Coordinator:** Gao, Stefani

PC Phone:

**Special Customer Requests or Product Notes:** 

25-Jan-2021 12:00 AM-Morning-no value

Installer Payout:

PQM Line #	Description	Quantity	Payout \$ Amount
10	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (6)
10	RIW215 - Pocket Fit Installation - Single Unit	2	
15	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(b) (b)
15	RIW215 - Pocket Fit Installation - Single Unit	1	(h) (6)
20	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	
20	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
25	RIW215 - Pocket Fit Installation - Single Unit	1	(h) (6)
25	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(p) (d)
30	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
30	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(b) (6)
40	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(D) (O)
40	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
45	RIW215 - Pocket Fit Installation - Single Unit	2	
45	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (b)
50	RIW215 - Pocket Fit Installation - Single Unit	1	(h) (6)
50	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	
55	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(b) (6)
55	RIW215 - Pocket Fit Installation - Single Unit	1	(h) (6)
	Total Instal	ler Payout:	(D) (U)

#### Lead-Based Work:

Lead-Based <u>Testing is required</u> in accordance with EPA and applicable regulations. Test results will determine if Lead-Based Work Practices will or will not be required

Hess, Eric - Hess Construction agrees to install the above referenced products for the amount specified above and to follow the specifications and terms listed above and abide by all the terms of the Subcontractor Agreement for Expert Installers. Sub-Contractor agrees that all persons on jobsite will follow industry best practice, use appropriate installation methodology, and have appropriate background checks.

02/05/2021	
 11:45:20 am	

Accepted by: GAOS -

Acceptance Date: 11:45:20 am

#### ATTACHMENT 6: (EPA PRE-RENOVATION FORM)

(b) (6) t(s)	received this pamphlet before the work began.	azard exposure
	1/	18/2021
	Sig	nature Date
he appropriate box below.		
Declined - I certify that I have made a good faith effort to de unit listed below at the date and time indicated and that the occu- left a copy of the pamphlet at the unit with the occupant.  Unavailable for signature - I certify that I have made a goodwelling unit listed below and that the occupant was unavailable	nant declined to sign the confirmation of receipt.  I faith effort to deliver the lead hazard information to sign the confirmation of receipt. I further cert	I further certify that I hat on pamphlet to the rental
Declined - I certify that I have made a good faith effort to de unit listed below at the date and time indicated and that the occupent a copy of the pamphlet at the unit with the occupant.  Unavailable for signature - I certify that I have made a good dwelling unit listed below and that the occupant was unavailable copy of the pamphlet at the unit by sliding it under the door of	faith effort to deliver the lead hazard information to sign the confirmation of receipt. I further cereby (fill in how pamphlet was left).	I further certify that I hat on pamphlet to the rental
Declined - I certify that I have made a good faith effort to de unit listed below at the date and time indicated and that the occu- left a copy of the pamphlet at the unit with the occupant.  Unavailable for signature - I certify that I have made a goodwelling unit listed below and that the occupant was unavailable	nant declined to sign the confirmation of receipt.  I faith effort to deliver the lead hazard information to sign the confirmation of receipt. I further cert	I further certify that I hat on pamphlet to the rental
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Declined - I certify that I have made a good faith effort to de unit listed below at the date and time indicated and that the occupent a copy of the pamphlet at the unit with the occupant.  Unavailable for signature - I certify that I have made a good dwelling unit listed below and that the occupant was unavailable copy of the pamphlet at the unit by sliding it under the door of the pamphle	faith effort to deliver the lead hazard information to sign the confirmation of receipt. I further cereby (fill in how pamphlet was left).	I further certify that I have no pamphlet to the rental

Ref#\_\_\_\_\_\_Customer Initial

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### **Paint Test Kit Record Keeping**

**Windows and Doors** 

12100 Baltimore Avenue Beltsville, MD 20705 PH 301-957-7070 FAX 301-419-2301 877-24-PELLA

	14/4/200 14/200 200		
NAME ADDR CITY: E-MAIL:	WNER INFORMATION		-#:()
	INFORMATION ill out the following information that is avail	able about the Repovet	ion Site Firm and Cartified Panaulates
		,	Unit #:
City:	STATE:	Zip:	CONTACT #: ()
Address: 121 City: Beltsvil	NAME: Estate Construction  00 Baltimore Ave.  STATE: ME	) Zip: <u>20705</u>	Contact #: (301) 957-7070
E-14441 •	OVATORS NAME:		DATE CERTIFIED: 5110
ST KIT INFO	DRMATION		
	Use the following blanks to identify	y the test kit or test kits	used in testing components
<u>Теѕт Кіт #1</u>	MANUFACTURE: CSCAR TO COMPANDEL: CSCAR TO CSCAR	ead	MANUFACTURE DATE: <u>6 /5 /20</u> SERIAL #: <u>20320</u>
TEST KIT #2	MANUFACTURE:		MANUFACTURE DATE://
TEST KIT #3	EXPIRATION DATE://_ MANUFACTURE:/		MANUFACTURE DATE://

EXPIRATION DATE: \_\_\_/\_\_/\_\_

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OCCUPANT RENOVATION CITY:
TEST LOCATION #: 10 (15 DATE OF TEST: 125)2 Lot : A or B DESCRIPTION OF TEST LOCATION:
RESULT: IS LEAD PRESENT? (CHECK ONE): NO LEAD DETECTED LOW LEAD POSITIVE FOR LEAD
TEST LOCATION #: DATE OF TEST: Lot : A or B DESCRIPTION OF TEST LOCATION: OTHERS PICSCENSED
RESULT: IS LEAD PRESENT? (CHECK ONE): NO LEAD DETECTED LOW LEAD CONTINUE FOR LEAD
TEST LOCATION #: DATE OF TEST: Lot : A or B DESCRIPTION OF TEST LOCATION:
RESULT: IS LEAD PRESENT? (CHECK ONE): NO LEAD DETECTED LOW LEAD POSITIVE FOR LEAD
(LEAD PRESENT - BELOW US DIN REQULATED LEAD)
TEST LOCATION #: DATE OF TEST: Lot: A or B DESCRIPTION OF TEST LOCATION:
Test Location #: Date of Test: Lot : A or B
TEST LOCATION #: DATE OF TEST: Lot : A or B DESCRIPTION OF TEST LOCATION:  RESULT: IS LEAD PRESENT? (CHECK ONE) :  NO LEAD DETECTED  LOW LEAD  POSITIVE FOR LEAD
TEST LOCATION #: DATE OF TEST: Lot : A or B  DESCRIPTION OF TEST LOCATION:  RESULT: IS LEAD PRESENT? (CHECK ONE) : NO LEAD DETECTED LOW LEAD POSITIVE FOR LEAD  TEST LOCATION #: DATE OF TEST: Lot : A or B
TEST LOCATION #: DATE OF TEST: Lot : A or B DESCRIPTION OF TEST LOCATION:  RESULT: IS LEAD PRESENT? (CHECK ONE) : NO LEAD DETECTED LOW LEAD POSITIVE FOR LEAD  TEST LOCATION #: DATE OF TEST: Lot : A or B DESCRIPTION OF TEST LOCATION: LOW LEAD POSITIVE FOR LEAD